

<div style="display: inline-block; width: 150px; height: 100px; border: 1px solid black; position: relative;"> D </div> CLAIMS ONLY								Application Number <div style="font-size: 24px; font-weight: bold;">09/99/196</div>		Filing Date			
								Applicant(s)					
								* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep	Depend	Indep	Depend	Indep	Depend	*		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21	1						71						
22							72						
23							73						
24							74						
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27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35	1						85						
36							86						
37							87						
38							88						
39							89						
40	1						90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	3						Total Indep						
Total Depend	20						Total Depend						
Total Claims	23						Total Claims						